

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/049986

APPL. NO. 75

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		(1)					54						
5		(1)					55						
6		(1)					56						
7	1						57						
8							58						
9							59						
10		3					60						
11		(1)					61						
12		(1)					62						
13	1						63						
14		1					64						
15							65						
16		1					66						
17		2					67						
18		(1)					68						
19		(1)					69						
20		(1)					70						
21							71						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
51	4						TOTAL						
52	20						IND.						
53	24						TOTAL						
54							DEP.						
55							TOTAL						
56							CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS